**Judicial Council for the District of Columbia Circuit**
**Complaint of Judicial Misconduct or Disability**

Mail this form to:      Clerk, United States Court of Appeals for the
          District of Columbia Circuit
       United States Courthouse
       333 Constitution Avenue, N.W.
       Washington, D.C. 20001-2866

Mark envelope "Complaint of Misconduct" or "Complaint of Disability." Do not put the name of the judge or magistrate on the envelope.

See Rule 2 for the number of copies required.

1.     Complainant's Name:_____
      Address:_____
      _____
      Daytime telephone:    (     )

2.     Judge or Magistrate complained about:

      Name:_____
      Court:_____

3.     Does this complaint concern the behavior of the judge or magistrate in a particular lawsuit or lawsuits?

          Yes             No

      If "yes" give the following information about each lawsuit (use reverse side if there is more than one):

      Court: _____
      Docket number:_____

      Are (were) you a party or lawyer in the lawsuit?

      Party        Lawyer      Neither

      If a party, give the following information:

      Lawyer's Name:_____
      Address:_____
      Telephone:   (    )

Docket number(s) of any appeals of above case(s) to the District of Columbia Circuit Court of Appeals:_____

4.     Have you filed any lawsuits against the judge or magistrate?

          Yes             No

If "yes" give the following information about each lawsuit (use the reverse side if there is more than one):

Court:_____

Docket Number:_____

Present status of suit: _____

Your Lawyer's Name:_____

Address: _____

Telephone:   (      )

Court to which any appeal has been taken: _____

Docket number of the appeal: _____

Present status of the appeal:_____

5.     The statute which governs the procedure for these complaints generally provides for confidentiality until such time as the complaint is finally processed.

6.     On separate sheets of paper, not larger than the paper this form is printed on, describe the conduct or the evidence of disability that is the subject of this complaint. See rule 2(b) and rule 2(d). Do not use more than 5 pages (5 sides). Most complaints do not require that much.

7.     You should either:

(1)  check the first box below and sign this form in the presence of a notary public; or
(2)  check the second box and sign the form. You do not need a notary public if you check the second box.

(   )  I swear (affirm) that--
(   )  I declare under penalty of perjury that--

(1)   I have read rules 1 and 2 of the Rules of the D.C. Circuit Governing Complaints of Judicial Misconduct or Disability, and
(2)  The statements made in this complaint are true and correct to the best of my knowledge.

_____
(Signature)

Executed on _____
(Date)

Sworn and subscribed
to before me _____
(Date)

_____
(Notary Public)
My commission expires: